

TOXICOLOGICAL EXAM - REQUEST AND REPORT BAYNE-JONES ARMY COMMUNITY HOSPITAL FORT POLK, LA 71459-5110				REQUESTING LOCATION: Emergency Medical Services Bayne-Jones Army Community Hospital Fort Polk, LA 71459	
SECTION A - PATIENT INFORMATION					
1. NAME OF PATIENT: (L,F,M)				2. SSAN:	
3. AGE	4. SEX	5. RACE	ALL INFORMATION MUST BE VERIFIED USING A PICTURE IDENTIFICATION OR CHAIN OF COMMAND		
SPECIMEN COLLECTION INFORMATION				HOUR AND DATE:	
SPECIMEN		AMOUNT		PRESERVATIVE	
VENOUS BLOOD		10cc		Sodoum Flouride / Potasium Oxalate	
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6. Phlebobotomist: _____ 7. Signature: _____					
8. Location of Venipuncture Site: _____					
Section B - Patient Consent / Witness / Request					
9. I Consent to the above testing: _____ (Patient)					
10. Witness: _____ (Emergency Room Staff)					
11. Date		12. Name and Title of Requestor		13. Signature	
Section C - Chain of Custody					
Signature	Organization	Hour	Date	Specimen Condition	
14	MEDDAC				
15	MEDDAC				
16	MEDDAC				
17	MEDDAC				
18	MEDDAC				
Section D - Results					
LABORATORY		Bayne-Jones Army Community Hospital Department of Pathology Fort Polk, LA 71459		Date	Case Number
RESULTS: _____ g/dl Ethanol					
REMARKS: Analyzed on the Johnson and Johnson Vitros 250 Analyzer. All testing performed in accordance with NCCLS Guide T/DM6-A, Dated September 1997.					
Date		Toxicologist:		Signature	